

Boardtalk

June 2017

Issue 46



President's Report

I was lucky enough to have been able to attend the International Conference on Avian Herpetological and Exotic mammal medicine (ICARE 2017) in Venice during May to add to my continuing education. It was shorter than I had hoped for my first trip to Europe, but travelling with my friend and colleague, Dr Brendan Carmel, the networking with the absolute best in the world in their field, and the setting all made the trip more than worthwhile.

Ever since ICARE began in Europe I have longed to attend and immerse myself in the cutting edge science of one of my favourite areas of veterinary medicine. And I have to admit that it was with some sense of antipodean inferiority complex I picked out the presentations that would be most useful to me.

I learned quite a lot. And as it often is at veterinary conferences for me, not all of it was in the presentation rooms.

I quickly learned that I was not alone – of the nearly 700 delegates, about 20 came from Australia. Not just as delegates either – Australians were disproportionately over-represented when it came to presenter/km-travelled-to-get-there as well!

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President's report continued

While the material was outstanding and the setting seductive, I quickly came to the realisation that we are not somehow “behind” the rest of the world in the veterinary care of reptiles, birds and exotic mammals. We do these things just as well here in Australia as anywhere else in the world.

I really looked forward to presentations in reptile anaesthesia, one area of particular interest to me. Literally the leaders of the field were presenting and I had hoped to take a giant leap forward in my own techniques and understanding. What I did learn though was that we are doing things here in Australia in this field, and many others fields of veterinary medicine for non-traditional pets, at a world-class standard.

So, how did we get there?

It is my personal opinion that there are several contributing factors that have led to our success on the world stage as animal health professionals: our collegial attitude and our passion immediately spring to mind. More practically though, our profession's commitment to continuing, lifelong learning facilitated by excellent support structures like the AVA, and in particular their Special Interest Groups, ensure that we all can keep up-to-date with the advances in all areas of veterinary science. Whether it is in Venice with birds, reptiles and exotic mammals, or on the Gold Coast at FSAVA later this year, the cross-pollination of ideas and connection to networks of like-minded veterinarians enhances the lessons we learn in the presentations.

Despite my good fortune to be able to travel this year, there have been many years where, with the responsibilities of owning my own practice, I have not been able to attend conferences in person. But even in those years I found there is still ample

opportunity to access quality continuing education through my local branch of the AVA, or through the growing number of online webinars and short courses. It was not difficult, with very little planning, and virtually no cost, to get more than the necessary number of continuing education hours. While there are many ancillary benefits to attending conferences in person, it is not too onerous to get the required CE in other ways.

It is not an exaggeration to say that continuing education (aka Continuing Professional Development or CPD) is at the heart of our profession. It is vital to our personal development as individuals and as veterinarians, our ability to promote animal welfare through ensuring competence, our ability to protect the public, and, possibly most importantly, it provides a foundation for the trust bestowed upon us by the public.

When I read through the list above I see that it is basically the list of legislative objectives of the Board. This is why CPD is so important to the profession and to the Board.

So, next time you are thinking about what CPD you have completed during the previous year think also about what CPD you want to do for the coming year or years. It becomes even easier if you make a written plan. If we are to retain the respect and trust of the public and contribute effectively to animal welfare we need to make the most of the opportunities for CPD that are available to us.

Mark Simpson
President

From the Registrar's Desk

The Board is looking for your feedback on a possible change to its policy on Requirements for Full Registration.

Under the Veterinary Practice Act 2003 (s21) the Board has some discretion regarding whether a person who has a veterinary degree not approved on the advice of the Australasian Veterinary Boards Council Inc (AVBC) must complete the National Veterinary Examination (NVE) to be granted full registration.

This discretion must be exercised with care as through the AVBC the Board is able to adopt an approach to these decisions which is consistent with other Boards in Australia and New Zealand.

Veterinary schools in NSW have previously experienced some difficulties attracting highly qualified people to assist with teaching veterinary students. As such, the Board previously implemented a policy allowing people who do not possess qualifications required for full registration, but with qualifications suitable for specialist registration (determined by the AVBC), to be granted full registration with conditions such that they could then apply for and be granted specialist registration. These conditions required the veterinarian to work under supervision and for the nominated university in their area of speciality.

The Board is considering a change to this policy to allow for greater mobility of veterinarians trained overseas as described above such that they could work at any specialist facility in NSW. Again, there must be an identified need and a person with similar qualifications and experience eligible for full registration must not be available, restricted acts of veterinary science must only be performed in the veterinarian's area of proposed speciality, and the veterinarian must work under the general supervision of another specialist.

The previous policy, [Requirements for Full Registration](#), and the draft new policy are available from the Board's website under Resources, Policies (Registration).

In simple terms, the possible change in policy will enable veterinarians from overseas who do not have qualifications for full registration to become registered as specialists in NSW if they possess eligible specialist qualifications from overseas. As above, this is currently the case for some veterinarians working at universities but this change of policy would broaden employment of these specialists to other specialist facilities.

The change will clearly affect these veterinarians and the availability of specialist veterinarians in NSW but may also have other effects such as implications for locally trained specialists and specialist registration in other states and territories of Australia.

An alternative approach to addressing this comparative advantage for university specialist facilities would be for the Board to no longer waive the requirement for these veterinarians to complete the NVE.

The Board is interested in your views regarding this possible change and would welcome feedback to the Board by email.

The Board is also seeking feedback from other Australian boards, the Australian and New Zealand College of Veterinary Scientists and the AVA regarding this draft policy.

CPD Audit

The Board received a number of questions regarding the CPD Audit last year. This was the largest audit held by the Board and the Board has now requested validation for the minimum CPD requirements (structured points only) from around 750 registrants over 4 years. The current aim is to increase this to around 50% of the profession (approximately 2,000 registrants) by 2019.

A short CPD frequently asked questions article is available in this edition of Boardtalk which many may find helpful.

Registration Renewals

It is registration renewal time for veterinary practitioners who are registered in NSW so please remember to submit your Annual Return and registration payment before 30 June. Here are five important points to remember:

Registration renewal is a two-step process (submission of Annual Return and payment of the registration fee) both steps can be easily completed using your [Vet Login](#).

Alternatively, you or your employer can pay your registration renewal using your website reference number (contained in your emailed letter of renewal) and you can submit your Annual Return using your [Vet Login](#).

If you do not have a Vet Login just go to the website www.vpb.nsw.gov.au, click on the large [Vet Login button](#) to the right of screen and then click on the Forgotten your password link. An email will be sent to the address held on our database enabling you to create your secure password. Any problems please just call our office for assistance.

Before you go to the website to submit your Annual Return please work out your structured and unstructured CPD points for the previous period (1 April 2016 to 31 March 2017).

If you do not plan on remaining registered in NSW after 30 June this year please complete a Voluntary Removal from the Register Form. If you do not renew and do not remove yourself from the Register and then wish to restore yourself at a later date you will be charged a penalty fee.

If your contact details change during the year it is vital that you advise the Board. You can check that we have the correct contact details for you using your Vet Login. Changes to these details can be made using your Vet Login or by completing our Notification of Change of Details Form and by emailing admin@vpb.nsw.gov.au.

gov.au or posting this completed form to the Board's office.

If you use your Vet Login to submit the Annual Return the Board will be able to record any change in your contact details. If you submit your Annual Return any other way (email, fax or post) you will need to either separately use the Vet Login to change your details or complete and submit a Notification of Change of Details Form to enable the Board to process this change.

It is important to note that failure to submit both the payment and the Annual Return by 30 June will attract a late fee (\$50) and failure to complete either of these steps by the Board meeting in July will result in your removal from the Register and requirement to pay a restoration penalty fee (\$290) should you wish to return to the Register in NSW.

Please contact our office if you have not received your annual registration renewal notice by email or if you experience any difficulties with your Vet Login.

Licence Renewals

Hospital licence renewals must also be paid by 30 June and email renewal notices have been sent to hospital superintendents or a nominated email address for hospital accounts.

It is a condition of all hospital licences that the Board must be notified within 14 days of any change of details regarding the licence. The Board is currently in the process of updating the database and website to ensure improved compliance with this requirement.

As noted in the previous issue of Boardtalk, the Board's database has now been updated to include licence holder type (individual, partnership, company or other body), names of veterinarians with a controlling interest, and website address. A confirmation details form will be created for the website in the near future to allow licence holders to check details we hold and update the Board as appropriate.

John Baguley
Registrar

From the Hospital Inspector's Car

I've been busy driving around the state inspecting veterinary hospitals and I'm on course in this cycle of inspecting practices every four years as requested by the Board.

Don't worry; I'm surprised as well when I inform a practice it has been four years or longer since I last inspected there! Time flies as they say.

I have also conducted investigations on behalf of the Board, gathering information or evidence to assist them in determining complaints. This sometimes requires me to exercise my authority pursuant to the *Veterinary Practice Act 2003 (Act)*.

Investigations are very different to routine hospital inspections and I do not want these two functions to be confused.

A hospital inspection is always at an appointed time, usually with one weeks' notice and involves other practices in that suburb or town.

An investigation visit, usually in relation to a complaint, may be unannounced and I will produce my written authority to exercise the powers of entry and examination under s 91 of the Act and inform the practitioner or practice about the complaint.

I would like to remind practitioners about a few matters:

If a hospital superintendent permanently leaves the hospital, another superintendent is legally required to be appointed by the licensees – s 67 of the Act requirement to have a qualified superintendent. The form for doing this, 'Appointment of a Veterinary Hospital Superintendent', is available from the Board's website under Hospital Licensing, Appoint a superintendent.

If a hospital licence changes ownership there is a requirement for the new owners and the previous owners to notify the Board. The

form for doing this, 'Application to Transfer a Veterinary Hospital Licence', is available from the Board's website under Hospital Licensing, Transfer a hospital licence.

The 'Self Assessment Checklist for Veterinary Hospital Superintendents' is also available from the above address on the Board's website as well as under Resources, Guidelines (Hospital Licensing). This form should be downloaded by every hospital and kept for regular reference.


The 'Self Assessment Checklist for House Call and On-site Veterinary Practices' is available from the Board's website under Resources, Guidelines (Registration).


The legal requirement to report the loss or theft of S8 and S4D drugs. This is still a concerning issue and some practices are failing my cross reference audit of S8 drugs on hand at inspection. The method of reporting this is via a form available at the Board's website under Legislation, Drugs and therapeutic goods legislation, 'Notification of the loss or theft of accountable drugs (S8 and S4D medications) to NSW Health'.

If you have any questions regarding hospital licensing requirements, please contact the Board's office for my mobile number, I am very happy to help if I can.

Glenn Lynch
Hospital Inspector/Investigator

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The Complaints Committee Report

The Board has reviewed and determined 29 complaints made against veterinarians since October 2016. Of these, 23 complaints were dismissed, 5 veterinarians were found guilty of unsatisfactory professional conduct and cautioned and 1 veterinarian was found guilty of professional misconduct and reprimanded.

There are four possible outcomes for complaints investigated by the Board:

- Dismiss
- Dismiss with a recommendation
- Unsatisfactory professional conduct or
- Professional misconduct.

In making its findings the Board considers whether a breach of the *Veterinary Practice Act 2003* or the Veterinary practitioners code of professional conduct (schedule 2 of the *Veterinary Practice Regulation 2013*) has occurred.

A finding may be made as a result of, but not limited to, unsatisfactory performance relating to case management, availability, maintenance of skills and knowledge of current standards, or provision of referral. An adverse finding may also be made on the basis of conduct with respect to the reputation of the veterinary profession, the keeping of and provision of medical records, the obtaining of informed consent for services, compliance with the regulations regarding the supply of restricted substances or the rules of animal sporting organisations or non compliance with any requirements of registration or any conditions placed on a practitioner's registration.

These aspects of veterinary conduct, veterinary practice and compliance requirements are outlined in the *Veterinary Practice Act 2003* and Veterinary Practitioners Code of Professional Conduct (Code) and are accessible by practitioners and members of the public from the [Board's website](#) under Resources, Legislation, Veterinary Practice Legislation.

The Board appreciates that when a complaint is raised to the Board, the experience is invariably stressful for both the complainant and the veterinarian involved. The investigation process can be protracted, as the Board provides both the complainant and veterinarian with opportunities to submit information pertinent to the complaint. Information is shared with each party to assist the investigation process. Independent expert opinion is sought to assist the Board when interpretation of aspects of the complaint demand specific expertise.

The five findings of **unsatisfactory professional conduct** since October 2016 are summarised below:

- (1) A veterinarian was cautioned and fined as a result of their handling of a case of possible anticoagulant rodenticide intoxication. The veterinarian had failed to adequately assess sequential laboratory findings demonstrating a fall in PCV, had initiated but not continued treatment with Vitamin K1 and had not recommended further diagnostics or referral for a dog with unexplained clinical signs. These actions were considered to indicate a lack of skill, judgement or care in the practice of veterinary science, in breach of Section 35(k) of *Veterinary Practice Act 2003*.
- (2) A veterinarian was cautioned and fined as a result of failing to label medication dispensed in a syringe for the ongoing treatment of a horse on a property. When supplying a restricted substance a veterinarian must label the primary container. This labelling requirement is clearly described in the [Guide to Poisons and Therapeutics Goods Legislation for Veterinary Practitioners](#) and in the *Poisons and Therapeutics Goods Regulation 2008* (cl 26).
- (3) A veterinarian was cautioned for breaching conditions on their registration (*Veterinary Practice Act 2003* (s 35(d))).

(4) A veterinarian was cautioned for failing to notify the Board of changes to their contact details, such that it was not possible for the Board to contact them. It is a registered veterinarian's responsibility under the *Veterinary Practice Act 2003* (s 31) to inform the Board within 14 days of any change in their name, address or other registered particulars.

(5) A veterinarian was cautioned and fined for supplying an incomplete and inaccurate certification of CPD points in their Annual Return. All registered veterinarians are reminded of the importance of ensuring that all information provided in the Annual Return is complete and accurate. If you are unable to meet CPD requirements due to personal circumstances affecting your ability to practice, you must inform the Board either in the Annual Return (*Veterinary Practice Act 2003* (s 33) or as soon as is practicable (*Veterinary Practice Regulation 2013* (sch 1)).

One veterinarian was found guilty of **professional misconduct** and fined after making comments on public radio regarding a fellow veterinarian that could have an adverse effect on the subject of the comments and on the profession. This action is a breach of clause 6 of the Veterinary practitioners code of professional conduct which specifically states: "A veterinary practitioner must not mislead, deceive or behave in such a way as to have an adverse effect on the standing of any veterinary practitioner or the veterinary profession".

On a final note, recent complaints before the Board have highlighted an area of concern in relation to communication amongst veterinarians in larger practices. There has been a trend in NSW towards larger veterinary practices, with more veterinarians employed in each practice, and often on a part-time basis. This situation, whilst advantageous in terms of sharing the

workload, needs to be managed carefully to avoid potential problems with patient care, record keeping and owner communication. Particularly in larger emergency veterinary practices cases can be handled by a different veterinarian on every shift, and it is the responsibility of these veterinarians to ensure that record-keeping is kept up-to-date and suitable handover occurs at the end of each shift or between veterinarians treating these cases.

These records should also include any communication with the owner. Superintendents at these hospitals also have a responsibility to ensure appropriate procedures are in place to facilitate such communication amongst staff and with clients.

The Doctors' Health Advisory Service

a confidential, readily available source of advice and support for veterinarians, students, family members and colleagues

Professor Garry Walter AM, MB BS, BMedSc, PhD, FRANZCP

Professor Walter is Foundation Medical Director, Doctors' Health Advisory Service (NSW & ACT)

Several studies in recent years in Australia and overseas have highlighted the psychological difficulties that can affect veterinary practitioners and the range of factors contributing to those difficulties. For example, a systematic literature review [1] cited as stressors the heavy workload, long working hours, managerial aspects of the job, difficult client relations, and performing euthanasia. Another study [2] found that

veterinary practitioners have a proportional mortality ratio for suicide approximately four times that of the general population and twice that of other healthcare professionals; among other contributing factors suggested by the authors were negative experiences during undergraduate training, work-related stressors, knowledge of and ready access to means, the stigma surrounding mental illness, professional and social isolation, and individual characteristics prior to entering the profession. In a survey of Australian veterinary practitioners [3], about one third of respondents reported poor psychological health, in keeping with other health professionals.

In light of study findings like these, and personal experiences of *Boardtalk* readers, a reminder about the Doctors' Health Advisory Service (NSW & ACT) is warranted. The DHAS was founded in 1982 to assist medical practitioners with personal and health problems. In NSW, the role now extends to dentistry and veterinary professionals. It is an independent and confidential service offering advice and, where required, referral pathways to doctors, dentists and veterinarians, and their families and colleagues, and to students and the families and colleagues of students in these professions.

The DHAS is an advisory, not treatment service. How does it operate? The DHAS provides a 24-hour phone line, which is manned by an answering service. Calls are then returned by qualified DHAS staff (a psychiatrist and social worker) or health professional associates. Callers are not required to leave any identifying data, only

a phone number to enable a return call. Depending on the nature of the call and discussion with the caller, advice will be provided about "next steps", if these are required. The next steps may take the form of one or more of the following:

- Subsequent discussion between the caller and the DHAS staff or associate.
- Referral(s) may be suggested to a GP, psychiatrist, drug and alcohol specialist, other medical specialist, psychologist, or other allied health professional.
- On a case-by-case basis, and with the caller's permission, the above named professionals may be contacted by the DHAS to facilitate the referral.
- An offer is always made to the caller for ongoing contact with the DHAS, as required.

Importantly, the DHAS is not an emergency service – the answering service advises callers to contact 000 in the case of an emergency. Already this year, the DHAS has had a steady stream of calls from veterinary professionals with myriad health concerns, alongside calls from people from a veterinary background or with a veterinary "connection", simply expressing their willingness to assist the profession generally in this area. If required, we trust that we can assist you – we welcome your call on **02 9437 6552** (website: <http://dhas.org.au>)

References

- Platt, B., Hawton, K., Simkin, S. and Mellanby, R.J., 2012. Suicidal behaviour and psychosocial problems in veterinary surgeons: a systematic review. *Social psychiatry and psychiatric epidemiology*, 47(2), pp.223-240.
- Bartram, D.J. and Baldwin, D.S., 2010. Veterinary surgeons and suicide: a structured review of possible influences on increased risk. *Veterinary Record*, 166(13), pp.388-397.
- Fritschi, L., Morrison, D., Shirangi, A. and Day, L., 2009. Psychological well-being of Australian veterinarians. *Australian veterinary journal*, 87(3), pp.76-81.

Good Neighbour Project and training in early-age desexing

Responsible cat ownership is being promoted in a new initiative from the Cat Protection Society of NSW called The Good Neighbour Project.

The Project assists cat owners to ensure the welfare of their cat while also protecting the local fauna and neighbour amenity.

Resources provided in the Good Neighbour Project, include factsheets on training cats to adapt to curfews, building cat-proof enclosures, optimising care for indoors-only cats and a video on the health and welfare benefits of early-age desexing.

These resources are available at <http://catcare.org.au/>

Supporters of the Good Neighbour Project include the Veterinary Practitioners Board of NSW, NSW Government and WIRES wildlife rescue.

Colleagues will also be interested in the educational package for veterinarians on early-age desexing. This free online training, comprising videos, a written guide and self-assessment can be completed in two hours. The CPD points earned contribute to your **structured points** in the same way as attending a lecture or other assessed audio visual or computer based course.

These resources can be found at <http://catcare.org.au/vet-professional-education-package/>

Using the words expert, specialist or special interest when referring to a veterinarian's practice

The *Veterinary Practice Act 2003* (s 13) clearly states that a veterinarian must not refer to themselves as a specialist in the course of their practice or use any term that implies specialist knowledge or qualification unless they have been granted registration as a veterinary specialist by the Board:

- (1) An individual must not represent himself or herself to be a specialist in a branch of veterinary science unless he or she is the holder of specialist registration in that branch.
- (2) Without limiting the ways in which a person can be considered to be represented as a specialist, a representation using any of the following titles, names or descriptions constitutes such a representation:
 - a) any title or description "specialist" or any abbreviation or derivative of that word in connection with the person's practice of veterinary science,
 - b) any title, description, words, or letters implying, or capable of being understood as implying, that the person is a specialist in that branch of veterinary science.

In addition to the word 'specialist' and any abbreviation or derivative of that word such as 'special', the Board has also generally considered terms such as 'consultant in', 'special interest', words ending in 'ist' such as dermatologist or pathologist, and 'expert' to be examples of descriptions which might represent a person to be a specialist.

There are specific areas of registration specialty (determined by the AVBC) and a registered specialist should describe themselves as a 'registered specialist in' this specific area. The specialist must not use a term which does not accurately reflect this area of specialty. For example, a registered specialist in small animal surgery should not call herself an orthopaedic specialist or a registered specialist in small animal medicine should not call himself a cardiologist.

It is important to note that the legislation refers to an individual representing himself or herself to be a specialist and the Board notes the following points:

- i. Reference to an expert witness and expert evidence are accepted legal terms in both oral and written legal proceedings and the terms 'specialist' or 'expert in' a particular field do not necessarily imply extra qualification in this context. A veterinarian may correctly be described as an expert witness when giving veterinary evidence in court. It is therefore not necessary for a veterinarian to clarify these terms during legal proceedings.

- ii. Use of terms such as ‘specialist’ or ‘expert’ by reporters when reporting on legal proceedings is consistent with the above and does not amount to a veterinarian representing himself or herself to be a specialist.
- iii. Reference to a veterinarian as a specialist when he or she is not a registered specialist in any media reporting is often beyond the control of a veterinarian but where practicable veterinarians must not knowingly allow themselves to be represented as a specialist when they are not a registered specialist.

The Board has also accepted the term ‘referral’ as not being associated with representation as a specialist. It is possible to refer a case to another veterinarian who is not a registered specialist. When a client is referred to a second treating veterinarian who is not a specialist both the referring veterinarian and the second treating veterinarian should ensure the client is fully aware of this second veterinarian’s registration status.

The Board also considers the following terms to be acceptable for veterinarians who do not have specialist registration: ‘cat veterinarian’ or other species specific term; ‘consultant to’; ‘professional interest in’; and ‘particular interest in’.

Whilst the Board only places the qualifications required for registration on the Register (such as BVSc, DVM), a veterinarian who has attained other qualifications or is a member of an association may use related postnominals (such as MANZCVS or MRCVS). If you are no longer a financial member of an association, such as those above, you must not use these postnominals.

Veterinary student placements

All veterinarians have stories to tell of the days they spent in private practices as wide eyed eager students. It seemed to be a glimpse into the life of “the real veterinarian”. In recent years the time in practice has become a formal and essential part of student learning and occupies a large part of their final year of study. Universities rely on veterinary practices taking students for periods of 2, 3 or 4 weeks depending on the university program.

Veterinarians who accept veterinary students for a training placement are reminded they have obligations not just to the student and the university when accepting this role but also under veterinary practice legislation in NSW.

[A recent case in Western Australia](#) has highlighted the importance of meeting these obligations and in particular the importance of providing adequate supervision.

Students may be invited to observe and participate in the care of patients in the practice. This may involve such things as physical examination, pathology testing, imaging, medical care, and surgical care including involvement in surgical procedures on patients.

Veterinarians must consider the following prior to a veterinary student being involved in the care of an animal:

Unregistered persons

Veterinary students are “unregistered persons” according to veterinary practice legislation. The *Veterinary Practice Act 2003* (s 9(2)(c)) provides that a student enrolled in an approved course of study who is doing a restricted act of veterinary science as part of the requirements of that course under the direct supervision of a veterinary practitioner is exempt from the requirement to be registered. All veterinary degrees in Australia and New Zealand are [approved courses](#).

Informed consent

The Veterinary practitioners code of professional conduct (clause 7) requires that veterinarians must, where it is practicable to do so, obtain the informed consent of the person responsible for the care of an animal before providing veterinary services to the animal. The Board expects that a veterinarian would discuss with the person responsible for the care of the animal, the possible involvement of a student in the care of their animal(s).

Skills, knowledge and equipment of assistants

The Veterinary practitioners code of professional conduct (clause 13) also applies in these circumstances. This clause requires that a veterinarian must ensure that all persons assisting in the provision of veterinary services to animals in his or her care have the skills, knowledge and available equipment to enable them to perform their duties according to current standards of veterinary science, except in the case of an emergency.

Supervision

Direct supervision requires the veterinarian supervising the student to be in the same location (premises). Immediate and direct supervision requires the veterinarian to be standing next to the student at the time of the restricted act and in many cases, and at least initially, this may be the more appropriate level of supervision. The Act (s 35(f)) defines failure to provide adequate supervision as unsatisfactory professional conduct.

Whilst the Board encourages the involvement of veterinarians in the training of veterinary students, when a student is involved in performing a restricted act of veterinary science the supervising veterinarian must ensure:

- The student is from an approved course
- The student is only performing this act as a requirement of this approved course
- The student is only performing this act under direct (or immediate and direct) supervision
- The client is appropriately informed of student involvement where practicable.

Thank you Clare

Clare Nathan will be leaving the Board in the next couple of months.

Clare has been responsible for much of the behind the scenes work at the Board. As our IT Officer she developed and continuously improved the database so vital to the work of the Board. Her efforts brought the Board into the 21st century and greatly improved the efficiency, effectiveness and sustainability of the Board's work.

A new marriage, a new family, a new location and new challenges lie ahead for Clare. We will greatly miss her tremendous knowledge and skill but we will mostly miss her warmth and friendship.

After more than 10 years it is very hard to say goodbye to a valued friend and colleague but it is wonderful to see her so happy and excited about this next stage of her life.

The Board and staff wish Clare and Bruce all the very best for the future.

Ownership, writing, maintaining and releasing records

A veterinarian's responsibilities in relation to veterinary and animal health records are covered in three clauses of the Veterinary practitioners code of professional conduct:

Provision of records

Under the Code (clause 9), a veterinary practitioner who has previously treated an animal must, when requested to do so, and with the consent of the person responsible for the care of the animal, provide copies or originals of all relevant case history records directly to another veterinary practitioner who has taken over the treatment of the animal.

Writing and maintaining records

Under the Code (clause 15):

A veterinary practitioner must ensure that a detailed record of any consultation, procedure or treatment is made as soon as is practicable
The record:

Must be legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal, and

Must include the results of any diagnostic tests, analysis and treatments

If a record is altered, the alteration must be clearly identified in the record as such

A veterinary practitioner must ensure that all records of any consultation, procedure or treatment are retained for at least 3 years after they are made.

Client confidentiality

Under the Code (clause 12) a veterinary practitioner must, except as otherwise required by the Code, maintain the confidentiality of information obtained in the course of his or her professional practice.

Ownership of records

With respect to the ownership of records the Board has previously commented on this issue in Boardtalk.¹ The courts have determined that medical records are either owned by the practice or by the individual medical practitioner.^{2,3,4} Privacy legislation now makes it clear that a person has the right to access all personal information about him or her but animal health information is not covered by privacy legislation and these cases continue to provide general principles and guidance for questions of ownership of veterinary and animal health records.

Writing and maintaining records

The Board has commented on these issues previously in Boardtalk due to the

importance of records when investigating a complaint. The Board is often confronted with two versions of what has happened and a contemporaneous written record will provide more reliable evidence than a written recount of events.

The current standard of record keeping has also increased over the years but the key element in the Code is for veterinarians to ensure that the details in the record are legible and in sufficient detail for another veterinarian to continue the treatment of the animal.

Records may be requested by the Board when investigating a complaint and also may be subpoenaed by the courts so it is important to ensure that they are accurate and objective.

It is vital that the practice ensures there are procedures in place to retain records for at least 3 years after they are made and all practices should therefore have computer records backed up as often as practicable. Tapes and portable drives should also be stored off site.

Release of records

In all cases consent should be obtained from the client before releasing records relating to that client. The Board also recommends that permission is sought from the individual veterinarian, superintendent, or owner of the veterinary practice depending on circumstances prior to releasing animal health records.

When a specialist or other veterinarian has visited the practice to treat an animal it is likely, based on the above, that the practice would be the owner of the records however it would be prudent and ethically appropriate to discuss this matter with the specialist or other veterinarian prior to any release.

Where the veterinary practitioner holds the records of another practitioner that have been provided pursuant to the Code (cl 9) the agreement of that practitioner should be sought prior to releasing the records.

1 <https://issuu.com/vpbnswh/docs/160623031016-de5fd892bdd443e3a2f1a425f3913f49?e=13671104/36696822>

2 <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/cth/HCA/1996/57.html?stem=0&synonyms=0&query=breen>

3 <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/nsw/NSWCA/2000/56.html?stem=0&synonyms=0&query=health%20services%20for%20men>

4 <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/nsw/NSWSC/2006/844.html?stem=0&synonyms=0&query=zahedi>

When releasing records, veterinary practitioners must also be mindful of the privacy interests of third parties whose personal information may be included in clinical records. In addition to specialists and other veterinarians as above, another example is where the records for an animal include information obtained when the animal was owned or cared for by a different client. Whilst records may be held in one file for an individual animal with multiple clients over time, each client must provide consent for release of information pertaining to when that client was responsible for the care of the animal.

Before releasing records please also consider what other personal information these records hold. A person leaving or who has left a relationship may not wish their contact details to be inadvertently provided to the former partner.

Finally, the Code also provides that veterinary practitioners must at all times act with a primary concern for the welfare of animals. Even where there is no obligation to provide a copy of the clinical records to a third party, it may be appropriate for the veterinary practitioner to disclose, with consent from the client, information from the records that is necessary to facilitate the treatment and care of the animal.

Have you been unable to meet your CPD obligations?

Under the *Veterinary Practice Act 2003* (s 33(1)(b)) details of any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise veterinary science must be declared in the Annual Return.

If you have been injured or ill during the year and as a result unable to complete the required CPD for your cycle it is important that you make the above declaration in your Annual Return.

If you have been unable to meet your CPD requirements for your 3 year cycle the Board will contact you after the renewal period.

The Board has developed the policy [Failure to Meet CPD Requirements](#) to ensure that whilst each case is assessed individually a consistent approach is adopted across the profession.

Consultation with the veterinary industry concerning updating Certificate IV in Veterinary Nursing

Skills Impact is undertaking a project on behalf of the Rural and Related Industry Reference Committee and funded by the Australian Industry Skills Committee to update the existing nationally accredited qualifications in veterinary nursing.

This project has involved consultations with industry and establishment of a Technical Advisory Committee made up of veterinary nurses and veterinarians.

Please complete the short 5 question Skills Impact survey so that the perspective of veterinarians/employers can be incorporated with this project.

The Skills Impact Survey can be found at <https://www.surveymonkey.com/r/8SQKLWV>

More details about this project can be found on the Skills Impact website <http://www.skillsimpact.com.au/animal-care/training-package-projects/veterinary-nursing/>

The final drafts of the qualification will also be made available on the Skills Impact website in the next few weeks.

CPD Audit Questions and Answers

The CPD audit conducted by the Board in 2016 was the largest attempted at around 450 registrants (in previous years it has been around 150 registrants). As a result we received many enquiries about CPD requirements and validation of points.

What is the maximum number of points I can claim for a presentation to peers?

The Australian Veterinary Boards Council (AVBC) and the AVA created a [CPD points allocation table](#) many years ago and the Board uses this table to determine the number of CPD points attained by completing an activity. If you provided a formal presentation to your peers this is defined as a structured activity and you can claim up to 4 points per hour (first presentation only).

What about a presentation to students?

The Board considers that a presentation to students (including veterinary) and others who are not qualified veterinarians is best described as a presentation to community or school and using the points allocation table would allocate up to 2 points per hour (first presentation only).

What about when there are multiple authors or presenters?

This should simply be a matter of adequately allocating the time for each individual. For example, if you delivered a formal presentation to peers for 30 minutes and your colleague delivered the other 30 minutes you could claim up to 2 points (as above). If two people equally contributed to an article published in a peer reviewed journal as per the points allocation table you could allocate up to 10 points for this activity (up to 20 points are available per paper).

What about a first aid course?

You must complete CPD in an area relevant to your practice of veterinary science. A first aid course may assist veterinarians in their workplace and therefore may be relevant to a person's practice of veterinary science. The Board would be concerned if this was a veterinarian's only CPD for a cycle or was repeated in future cycles.

What if as a veterinarian in clinical practice I am participating in a research project?

Participating in a research project most likely involves significant learning through reading and discussions with colleagues and these activities provide unstructured points. For example, private reading provides 1 point (unstructured) for 2 hours and a clinical review project provides a maximum of 4 points (unstructured).

If the research results in a publication in a peer reviewed journal up to 20 points for the paper can be shared among the authors. For a non peer reviewed publication up to 4 points can be shared among the authors.

What about editing proceedings or refereeing papers?

Refereeing a paper for a peer reviewed journal is allocated 1 point per hour up to a maximum of 4 points per paper. If the work is editing for a paper or proceedings that are not considered peer reviewed it is not appropriate to claim structured points for this activity.

What is an accreditation scheme by examination?

In order to become an Australian Government Accredited Veterinarian (AAV) a veterinarian must successfully complete the initial Animal Health Australia Accreditation Program for Veterinarians (APAV) and successfully complete the Animal Health Australia online AAVet course. Similarly, to become a companion animal export veterinarian you must successfully complete the APAV.

Some graduates have also completed the North American Veterinary Licensing Exam (NAVLE) which is effectively an accreditation scheme enabling a person to register in the US.

Completing an accreditation scheme by examination provides 4 structured points per hour of examination.

What about completion of post graduate qualifications in veterinary science?

The qualification must be relevant to your practice of veterinary science and if you successfully complete this qualification you are considered to be exempt from other CPD requirements for the 3 year cycle. You may either attempt to allocate structured and unstructured points or you can simply put the minimum requirements into your Annual Return.

What if I attend a CPD event that someone else registered for?

If another veterinarian purchased or registered for an event and you attended in the place of that person the certificate of attendance or completion may be in the other person's name. In this case the first veterinarian must certify that they did not attend the event and confirm that you attended in their place. The Board may request CPD validation from the other veterinarian in such cases. A similar approach can be taken for events with practice registration and multiple veterinarians attending an event on different days.

What about quizzes such as those in the Australian Veterinary Journal?

Successful completion of a quiz based on a presentation or journal article provides 1 point per quiz per presentation or paper. Validation required is proof of completion and these quizzes must generally be competed online so that the mark and time of completion can be externally validated.

What happens if I lost my validation?

The Board has stated that you should keep CPD validation for at least 4 years given the CPD cycle is 3 years and the Board generally requests CPD validation after completion of the cycle and registration renewal procedures. The event organiser is usually able to provide a copy of the validation required. In the unlikely event that you are unable to obtain any of the standard forms of validation the Board may accept a certification from a colleague who also attended the event.

Can I use my AVA Vet Ed Statement for validation?

Yes, but you need to remember two points.

Firstly, the AVA VetEd Statement allocates points over a calendar year rather than a CPD year (April to March) so be careful to check the dates on your statement.

Secondly, the AVA statement provides validation for AVA or VetEd events and a MyCPD category. The latter generally includes activities that you have uploaded yourself and you need to keep your own validation for these points.

What about validation of unstructured points?

You can maintain a diary record of unstructured points in a variety of forms and the Board has a template available from its website. From the Board's perspective the main difference between structured points and unstructured points is that structured points can be externally validated.

Structured and unstructured activities may provide similar learning outcomes and a mixture of both will most likely ensure you achieve the learning outcomes you desire from you CPD. As only structured points can be readily externally validated the Board has focused its audits on ensuring veterinarians attain the minimum structured points requirement.

Can I maintain my registration in NSW without meeting CPD requirements?

All registered veterinarians in NSW (including those with deemed registration) must complete 60 CPD points over a 3 year cycle with a minimum of 15 structured points. The only exception to this requirement is veterinarians who have honorary registration with non-practising conditions (these veterinarians are exempt from CPD requirements).

What happens if I did not attain the required CPD points for the 3 year cycle?

It is vital that the points you submit in your Annual Return are the points you attained.

If these submissions indicate that you have not completed the required CPD you will receive a letter from the Board after the registration period requesting reasons as to why this is so. The Board appreciates that this can happen for a variety of reasons and in most cases your CPD point requirement for the next cycle will be adjusted.

The Board has developed a policy on [Failure to meet CPD requirements](#) which outlines these adjustments.

A false report of points attained or failure to be able to validate points claimed may lead to a complaint by the Board against the veterinarian. This may lead to a finding of professional misconduct or unsatisfactory professional conduct. In such cases the veterinarian may be fined and required to complete additional continuing professional development courses.

Confidential Help for Veterinarians

Doctors Health Advisory Service
24 hours a day.

(02) 9437 6552

Supplying veterinary medicines to other veterinarians

The Board has recently become aware of a situation where veterinary locums, house call veterinarians or after hours veterinarians request supply of medicines from other veterinarians.

This supply is considered to be wholesale supply and **is prohibited** under the *Poisons and Therapeutic Goods Act 1966*:

9 Prohibition on wholesale supply of certain substances for therapeutic use

A person who supplies by wholesale any poison or restricted substance for therapeutic use, except under, and in accordance with the conditions of, a wholesaler's licence or authority issued under the regulations is guilty of an offence.

Maximum penalty:

- (a) 20 penalty units or imprisonment for 2 years, or both, if the offence involves a restricted substance of a kind prescribed by the regulations for the purposes of this section, or
- (b) 15 penalty units or imprisonment for 6 months, or both, in any other case.

A wholesaler's licence authorises its holder to supply by wholesale poisons and restricted substances for therapeutic use in or on humans or both in or on humans and in or on animals. A wholesaler's authority authorises its holder to supply by wholesale poisons and restricted substances for therapeutic use only in or on animals.

This section does not apply to a poison specified in Schedule 5 or 6 of the Poisons List.

For the purposes of this section:

- (a) poisons or restricted substances are taken to be for use in or on animals if the poisons or restricted substances bear information that indicates that they are, or are otherwise represented as being, for use only in or on animals, and

- (b) poisons or restricted substances are taken to be for use in or on humans if they are not exclusively for use in or on animals.

Please note 'supply by wholesale' by definition is:

Supply by wholesale, in relation to a substance or goods, means:

- (a) supply of the substance or goods for the purposes of resupply, or*
- (b) supply of an ingredient for the purposes of incorporation in the substance or goods, and includes supply of the substance or goods in wholesale quantities:*
- (c) for use in a public institution, or*
- (d) to persons who are authorised by the regulations to be supplied with wholesale quantities of the substance or goods.*

Vets, Scripts, Written Authorities and Online Pharmacies

There has been a growth in online pharmacies in recent years and the Board has recently received a number of reports from NSW Health concerned about the involvement of veterinarians in these businesses and potential breaches of poisons and therapeutic goods legislation in NSW.

Only a pharmacist can dispense substances specified in the Poisons List (such as S4 and S8 medications) on the prescription of a veterinarian (*Poisons and Therapeutic Goods Act 1966* (s 36AA)) but this legislation does not prevent a veterinarian from supplying such medications on the written authority of another veterinarian (*Veterinary Practice Regulation 2013* (clause 20)) in the ordinary course of his or her profession.

So, what is the difference between a prescription and a written authority and what is the 'ordinary course of his or her profession' for a veterinarian?

A prescription written by a veterinarian allows any pharmacist to dispense medication to the holder of the prescription (veterinary client) for their animal.

A written authority allows a specific veterinarian named in the authority to supply medication on behalf of another veterinarian.

In all cases the veterinarian writing the prescription or the written authority must have either physically examined the animal or have that animal under his or her direct care in compliance with clause 20 of the Veterinary practitioners code of professional conduct.

Under the previous regulation a veterinarian could supply a restricted substance on the authority of another veterinarian. This provision existed to ensure that clients who were not able to reach their own veterinarian could visit another veterinarian who could then request more medication for the animal. The other veterinarian would simply contact the first to ensure a repeat of this medication was appropriate. Similarly, a veterinarian who is unable to supply a client with medication not in stock could ensure the client could purchase this medication from a colleague.

The regulation was updated in 2013 to ensure there was documented evidence of this supply for both veterinarians; an authority to supply became a written authority to supply.

The above are examples of the 'ordinary course of his or her profession' for a veterinarian.

The Board considers that operating a business which is essentially a 'pharmacy' is not in the 'ordinary course of his or her profession' for a veterinarian.

In summary, the legislation provides that:

1. Only a pharmacist can dispense on the prescription of a veterinarian
2. Only a registered pharmacist, a partnership of registered pharmacists or a pharmacists' body corporate can be involved in the operation of a pharmacy business in NSW
3. A veterinarian cannot dispense on the prescription of a veterinarian
4. A veterinarian can only supply a restricted substance (S4 and S8 medication) to a person responsible for the care of an animal that he or she has physically examined or has under his or her direct care, or with the written authority of another veterinarian who has physically examined the animal or has this animal under his or her direct care
5. A written authority is one that is provided from one veterinarian to another veterinarian to enable the other veterinarian to supply a restricted substance that he or she is not able to supply

The supply of substances specified on the Poisons List is not a restricted act of veterinary science. This is a privilege provided to veterinarians as authorised persons under poisons and therapeutic goods legislation. With this privilege comes a number of responsibilities including a commitment to ensure that these medications will only be supplied for veterinary use and only supplied under specific circumstances.

Doctors Health Advisory Service

Helpline

02 9437 6552

24 hours

LIFELINE

24 hour Crisis Support:

Suicide Prevention

131114

The nuts and bolts of building, buying or selling a veterinary hospital

Hospital licences

If you are performing a procedure that according to current standards should not be undertaken without the administration of an anaesthetic, other than a local anaesthetic, and including a spinal anaesthetic, then you need to perform this procedure (defined as 'major surgery') at a licensed hospital.

There are exceptions for emergencies, if it is impractical to move the animal, or if it is dangerous to the health of the animal for it to be moved.

Building a hospital

When building a veterinary hospital you need to submit an application for a licence, floor plans and a nomination of a superintendent to the Board for approval. The following guidelines are available from the Board's website (see Resources and [Guidelines](#)) to assist:

Minimum Requirements for Veterinary Hospitals

Responsibilities of a Veterinary Hospital Superintendent

Self Assessment Checklist for Veterinary Hospital Superintendents

Links to these documents are also available from the Hospital Licensing section of the website, under [Apply for a hospital licence](#).

The application and plans are assessed by the Board and if suitable the hospital is given approval subject to inspection. If not approved, it is possible for the applicant to attempt to address the issues identified and resubmit the application.

With some [exceptions](#), the legislation does require that a veterinary practitioner or veterinary practitioners have a controlling interest in the licence which is defined as the capacity to determine the outcome of decisions about the financial and operating policies of the business.

There is now a national register for business names and you are required to register your business name with the Australian Securities and Investments Commission (ASIC). Please note that registering a business name does not give you exclusive rights over the use of that name. When an application is submitted to ASIC for a veterinary hospital name the applicant will need to provide evidence that the premises have been approved for a licence by the Board.

The Board has some powers regarding the naming of veterinary businesses and has developed a policy on [Business Names for Veterinary Premises](#) to assist veterinarians in complying with this aspect of veterinary practice legislation.

Buying a hospital

When buying a veterinary hospital the Board requires submission of an application to transfer the licence from the existing owners to the new owners. All the existing owners with a controlling interest (veterinarians) and all the new owners with a controlling interest need to sign the form.

If there is a change of name for the veterinary hospital then an [Application to change the name of a veterinary hospital form](#) will also need to be submitted.

A nomination of a superintendent will most likely be required in association with a hospital transfer.

All the required forms can be found under Hospital Licensing and [Transfer a hospital licence](#) or from the Resources, [Forms](#) section of our website.

Selling a hospital

When selling a veterinary hospital the Board requires a transfer of hospital licence to be submitted and this needs to be signed by all the existing owners and all the new owners.

Selling or transferring a hospital licence includes any change in the ownership or ownership structure of a hospital licence. For example, a change to members of a partnership, a change to percentage controlling interest in the licence, or a change from a partnership to a company structure.

Please remember that records of any consultation, procedure or treatment must be retained for at least 3 years after they are made. Records would typically now belong to the new owners of the veterinary hospital.

Hospital Licence Renewals

Hospital licence fees must be paid by 30 June 2017 for the licensing period 1 July 2017 to 30 June 2018.

You can use your website reference number (found in your offer of renewal emailed to the hospital superintendent) to pay your hospital licence fee (\$330) online.

Please contact the Board if you have not yet received your offer to renew a hospital licence.

Any premises where a procedure is undertaken that according to current standards requires the administration of a general anaesthetic or a spinal anaesthetic must be licensed. This does not apply in an emergency, if it is impractical to move the animal because of its size or type, or if it is dangerous to the health of the animal to move it to a hospital.

Communication – the key to good outcomes

The Veterinary practitioners code of professional conduct (Code) sets out the basic principles of professional conduct including, informed consent, confidentiality and management of records. The key to meeting these standards is communication.

A veterinarian taking on management of a patient must ensure he or she meets the requirements of the Code. Open, clear and well documented communication with the person responsible for the care of the patient and other colleagues involved in managing the patient will go a long way to ensure the best outcome for the patient and a satisfied client.

A recurring theme in calls and complaints to the Board is a breakdown in communication. This is more likely to occur when multiple veterinarians and/or multiple veterinary practices are involved in case management and especially when communicating with multiple people responsible for the care of your patient. There is a need for extra care and clarity when communicating with new clients who are less likely to be aware of your usual practice policies and procedures.

Under the Code, a veterinary practitioner must, where it is practicable to do so, obtain the informed consent of the person responsible for the care of an animal before providing veterinary services to the animal (clause 7). Although not required by the legislation, the Board strongly recommends the use of written treatment consent forms. It is important to ensure the person responsible for care of your patient is updated regularly about hospitalised cases and the consent is obtained where practicable for any new veterinary services.

Informed consent should also be considered with clause 16 of the Code. Where it is practicable to do so, a veterinarian must inform the person responsible for the care of the animal of the likely extent and outcome of veterinary services and provide an estimated cost of those services.

Animals regularly need to be transferred to the care of other veterinarians and we have an obligation under the Code to utilise the skills of colleagues where appropriate. This can occur in multi-vet practices at the changeover of a shift, due to rostered days off or holidays. Patients are increasingly transferred to emergency centres for overnight care.

Under the Code (clause 15), a veterinary practitioner must ensure that a detailed record of any consultation, procedure or treatment is made as soon as is practicable. The record must be in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal. In addition, a verbal handover of patients to the veterinary practitioner taking over care can be of great assistance in ensuring continuity of care. The person responsible for the animal should be kept informed of who is caring for their animal.

The Board recommends superintendents have in place clear guidelines to ensure their practice meets the requirements of the Code. More importantly, guidelines help to provide optimal care for patients and ensure clients are well informed about the likely extent and outcome of the veterinary services. They can also ensure clients are provided with an estimate of the costs of these services.

Contemporaneous documentation of all communication with colleagues and the person responsible for the care of the animal is extremely useful if complaints ever arise. A further useful summary of the [risks associated with clients seeing multiple veterinarians](#) is available from Guild Insurance.

Communication preferences for biosecurity information survey

Updating veterinary practitioners on the latest biosecurity information relating to domestic and exotic animal health and disease alerts is of the utmost importance to enhance knowledge of this information in the sector and so that the most up to date information is being communicated to domestic animal owners.

The Australian National University science communication researchers are kindly asking registered veterinary practitioners within Australia to fill out a short online survey (which should take no longer than 10 minutes) about their communication preferences in regards to receiving animal biosecurity information.

SURVEY LINK - <https://www.surveymonkey.com/r/vetbiosecurityinfo>

The aim of this project is to better understand how to communicate with you (veterinary practitioners) in times of both notifiable and non-notifiable biosecurity alerts and animal disease outbreaks. The results will ensure that current and future communications in this space are tailored to mediums which veterinary practitioners are regularly engaged with.

This information will also assist biosecurity based communication professionals develop information that can be tailored and targeted in times of biosecurity alerts, ensuring most vets within Australia are reached.

This survey is being undertaken as part of an Australian National University Master of Science Communication Research Project (ethics approval number 2017/317).

The survey results will be published within the scientific literature and the findings will be publicised through veterinary groups. Survey participants remain anonymous and no contact details are requested only demographic data.

A complete copy of the 'Participant's Information Sheet' is available from the Board's website.

Queries, concerns or for more information:

Primary investigator: Dr Ian McDonald
(completing a Master of Science
Communication)

Tel: 0439 746 556 | Email: ian.mcdonald@anu.edu.au

Supervisor: Dr Merryn McKinnon

Tel: 02 6125 4951 | Email: merryn.mckinnon@anu.edu.au

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (Protocol 2017/317). If you have any concerns or complaints about how this research has been conducted, please contact: Ethics Manager

The ANU Human Research Ethics Committee
The Australian National University
Telephone: +61 2 6125 3427

Email: Human.Ethics.Officer@anu.edu.au

2016 Australian Veterinary Workforce Survey

The results of the 2016 Australian Veterinary Workforce Survey have been finalised and the survey report is publicly available on the AVA website at http://www.ava.com.au/sites/default/files/AVA_website/pdf/AVA-Workforce-Survey-2016-Final.pdf

The purpose of the survey is to examine the current profile of the veterinary profession and anticipate future trends and changes.

The information helps the profession, government, veterinary boards, universities and others to understand how the provision of veterinary services may be affected by various factors and allows for appropriate workforce planning to ensure sustainable veterinary services are available where they are needed into the future.

New biosecurity e-learning course for veterinarians

An exciting new national e-learning course is now available. The **Veterinarians, hobby farmers and backyard livestock** course is for vets who work with smallholders or hobby farmers and treat backyard livestock. This includes small animal vets who occasionally see chickens or pet livestock.

The 2-hour course focuses on:
improving engagement with hobby farmers and pet livestock owners
providing resources to assist working with this group
protecting your staff and clients from zoonoses and other risks in veterinary practice and
the role of government and private vets in disease surveillance.

This course was developed in response to a national survey of private practitioners who said they wanted a toolkit to help them work with hobby farmers. Participants also asked for information on how to protect their staff and clients from zoonoses, and easy to find resources. The course will address these requests, and help veterinarians improve biosecurity outcomes with smallholders, resulting in early detection of disease.

This is a national initiative between the NSW Department of Primary Industries, Animal Health Australia and the Australian Veterinary Association (AVA).

This free course is relevant to all vets nationally and will earn 2 CPD or VETED points.

For further instructions and a link to the course, see <http://www.dpi.nsw.gov.au/biosecurity/greater-sydney-peri-urban>

The e-learning module is part of 3 activities to help vets working with hobby farmers or pet livestock. The AVA held a "Biosecurity and smallholder" webinar on 18th May, and there was a smallholder workshop for vets on 9th June as part of the national AVA conference in Melbourne.

Contact: Sarah Britton

Peri-urban Program Coordinator

Ph. 02 6391 3410

Email: sarah.britton@dpi.nsw.gov.au

Veterinary chemicals update

Shelf life extension: Startect Broad Spectrum Oral Drench for Sheep

In November 2015, the Australian Pesticides and Veterinary Medicines Authority (APVMA) approved an application by Zoetis to extend the shelf life of Startect Broad Spectrum Oral Drench for sheep from 24 months to 36 months.

All new Startect produced will have the new shelf-life of 36 months on the label. Zoetis will supply a letter to retailers and customers confirming the extended shelf-life and updated date of expiration for batches of the product already in the market.

New Products and New Uses

As companies register new products and new uses for veterinary medicines the changes are published in the APVMA Gazette each fortnight. To subscribe or to access past copies go to: <http://apvma.gov.au/news-and-publications/publications/gazette> Some of the most recent changes are listed below.

Ingelvac Circoflex

Active: each 1 ml dose contains: porcine circovirus type 2 ORF2 protein, \geq 1.0 RP
carbomer 1 mg

Summary of variation: to extend the use to pregnant and lactating sows

Date of variation: 10 February 2017

Label: New label not yet available

Osphos 51mg/mL solution for injection for horses

Active – 51mg/mL clodronic acid (as clodronate disodium tetrahydrate 75mg/mL)

New Use – Improvement of lameness associated with navicular syndrome in horses

Approved – 8 December 2016

Label – [Osphos 51mg/mL solution for injection for horses](#)

Tri-Solfen Topical Anaesthetic & Antiseptic Solution for pain relief in Lambs & Calves

Active – 40.6g/L lignocaine (as hydrochloride), 4.2g/L bupivacaine (as hydrochloride), 24.8mg/L adrenaline (as acid tartrate), 5.0g/L centrimide

New Use – Pain relief during and following castration in calves

Approved – 13 December 2016

Label – Tri-Solfen Topical Anaesthetic & Antiseptic Solution for pain relief in Lambs and Calves

Maprelin Active – 75 µg/mL peforelin

New Use – For induction of oestrous cycle in sows after weaning and in sexually mature gilts following therapy to inhibit the oestrous cycle with progestogens.

Approved – 23 November 2016

Label – Maprelin

Contact: Jenene Kidston

Technical Specialist Farm Chemicals

Phone: 02 6391 3625

Email: jenene.kidston@dpi.nsw.gov.au

An Occupational Hazard - Q Fever

Q fever is caused by *Coxiella burnetii*, is a serious zoonotic disease in humans with a worldwide distribution. Many species of animals (commonly cattle, sheep, goats but also cats and dogs) are capable of transmitting *C. burnetii*, and consequently all veterinary staff are potentially at risk.

Australia is the only country to have a licensed Q fever vaccine (QVax). This vaccine is readily available although not all doctors do the required preliminary testing and follow up vaccination so you may need to ring your local GP for advice and direction. Almost all, if not all, Australian veterinary graduates are vaccinated but overseas graduates, veterinary nurses and kennel staff should not be overlooked.

The vaccine has been used in Australia for many years however still there are over 600 notifications across Australia annually.

There are many resources for you to use to assist you to take care of yourself and those working with you.

1. An excellent reference guide for immunisation is “The Australian immunisation handbook” which recommends Q fever vaccine for those at risk of infection with *C. burnetii*. This includes veterinarians, veterinary nurses,

veterinary students, professional dog and cat breeders, wildlife and zoo workers (working with high-risk animals) and laboratory personnel handling veterinary specimens or working with the organism. <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-15>

2. NSW Department of Health has an excellent Fact Sheet available <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/q-fever-veterinary-staff.aspx>
3. Risk control measures must be made available for your workers, contractors and others who may be exposed to the disease. See <http://www.safework.nsw.gov.au/health-and-safety/safety-topics-a-z/diseases/q-fever>
4. The AVA has very comprehensive personal biosecurity guidelines that are available to all veterinarians online. This provides a template infection control plan that may assist superintendents to meet their obligations. <http://www.ava.com.au/biosecurity-guidelines>
5. Zoetis through Vets Australia has also published very practical information in Infection Control Guidelines which can be downloaded by any veterinarian from <https://mail.google.com/mail/u/1/?tab=wm#search/zoetis/15c0e943778694ae>

The Board’s Responsibilities of a Veterinary Hospital Superintendent guidelines (<https://www.vpb.nsw.gov.au/sites/default/files/images/GH02%20Responsibilities%20of%20a%20Veterinary%20Hospital%20Superintendent.pdf>) requires superintendents to ensure that:

- The hospital has the appropriate personal protective equipment and other equipment necessary to perform clinical examinations, treatments and surgery to current standards of practice and that this equipment is maintained in accordance with the recommendations of the manufacturer.
- *The hospital has a written infection control plan which is reviewed at least annually to help people in the hospital reduce their risk of acquiring a zoonotic disease.*

Registration Renewals

Registration renewals must be completed by 30 June 2017 for the registration period 1 July 2017 to 30 June 2018.

The easiest way to renew your registration is to use the [Vet Login](#). If you do not yet have a Vet Login click on the 'Forgotten your password' link from the Vet Login page and details will be sent to your registered email address.

You can use your [Vet Login](#) or website reference number (found in your offer of renewal) to pay your registration fee (\$290) online and your Vet Login to submit your Annual Return online.

Please contact the Board if you have not yet received your offer of registration renewal by email or if you experience any difficulties with your login.

Veterinary practitioners who reside in NSW and who perform acts of veterinary science in NSW are required to be registered with the Board. To maintain registration in NSW you must complete two tasks:

- ✓ Pay the registration fee (unless Honorary)
- ✓ Submit an Annual Return

If you do not renew your registration by 30 June the Board will apply a late fee of \$50 to your registration fee (total fee \$340) and if you have not renewed your registration by the date of the July Board meeting you will be removed from the Register. Restoration to the Register after this day will result in a restoration penalty fee of \$290 being applied to your registration (total fee \$580).

Board Staff



*John Baguley is
Registrar*

*Mary Lydamore is
Deputy Registrar
and Complaints
Officer*



*Glenn Lynch is
Hospital Inspector
and Investigator*



*Clare Nathan is
Administrative
Support and IT
Officer*

*Des Lyttle is
Registrations and
Financial Officer*



Boardtalk

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Dr Julia Beatty
Dr Georgina Child
Mrs Wendy Cochrane
Dr Steve Ferguson
Mrs Lisa Minogue
Dr Kylie Parry
Dr Ian Russ

IMPORTANT:

The information contained in this newsletter reflects the policies of the Veterinary Practitioners Board and the current NSW legislation.

Any advice on specific issues not relating to Board policy should be obtained from either the AVA or appropriate government department or your own legal advisors.